

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>19368</b>	2. Fiscal Year Covered From: <b>4</b> / <b>1</b> / <b>2004</b> Through: <b>3</b> / <b>31</b> / <b>2005</b>
3. Name and address of person filing. Name <b>Richard E Ohrn</b> P.O. Box, Bldg., Room No., if any Street <b>1914 23rd St. A</b> City <b>Moline</b> State <b>Illinois</b> ZIP Code + 4 <b>61265</b>	4. Name, file number, and address of labor organization. Name <b>Plumbers &amp; Pipefitters Local #25</b> Labor Organization File Number <b>025-912</b> P.O. Box, Building and Room Number, if any Street <b>4600 46th Avenue</b> City <b>Rock Island</b> State <b>Illinois</b> ZIP Code + 4 <b>61201</b>
5. Position in labor organization. <b>Business Agent</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u><i>Richard E Ohrn</i></u>	On <u><b>8-10-05</b></u> <u><b>309-762-1552</b></u> Date Telephone Number

Name of Person Filing Richard Ohrn	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Local #25 Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4600 46th Avenue</p> <p>City Rock Island</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Local #25 Health &amp; Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4600 46th Avenue</p> <p>City Rock Island</p> <p>State Illinois ZIP Code + 4 61201</p>	<p>11.a. Nature of such dealing.</p> <p>Benefits are paid to the Health &amp; Welfare Fund by signatory contractors on behalf of union members.</p> <p>11.b. Approximate dollar value of such dealing. \$5,902,885</p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursed Expenses</p> <p>12.b. Amount. \$1,577</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Name of Person Filing <b>Richard Ohrn</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Eastern IA/Western IL Mechanical Contractors</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>4711 44th St. Ste. 2</b></p> <p>City <b>Rock Island</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>61201</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
	<p>11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>
	<p>12.a. Nature of interest held or income received.</p> <p><b>Christmas Party</b></p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
	<p>12.b. Amount. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span> <b>\$60</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span></p>

Name of Person Filing

RICHARD E OHREN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Bartlett &amp; Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 36 E. Fourth St., Ste. 400

City Cincinnati

State Ohio

ZIP Code + 4 45202-3896

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Local #25 Health &amp; Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 4600 46th Avenue

City Rock Island

State Illinois

ZIP Code + 4 61201

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Dinner at conference

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.